| Electronic Patent Application Fee Transmittal    |   |          |          |        |                         |  |  |
|--|---|----------|----------|--------|-------------------------|--|--|
| Application Number:                              | 10588419  |          |          |        |                         |  |  |
| Filing Date:                                     | 15-Oct-2007   |          |          |        |                         |  |  |
| Title of Invention:                              | Photodynamic Therapy For The Treatment Of Hyperactive Sebaceous Gland<br>Disorders Using Topically Applied Hydrophobic Green Porphyrins |          |          |        |                         |  |  |
| First Named Inventor/Applicant Name:             | Alain H. Curaudeau  |          |          |        |                         |  |  |
| Filer:   | Leslie Ann Robinson/Jessica Conen   |          |          |        |                         |  |  |
| Attorney Docket Number:                          | 249692001700  |          |          |        |                         |  |  |
| Filed as Large Entity                            |   |          |          |        |                         |  |  |
| U.S. National Stage under 35 USC 371 Filing Fees |   |          |          |        |                         |  |  |
| Description                                      |   | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |
| Basic Filing:                                    |   |          |          |        |                         |  |  |
| Pages:   |   |          |          |        |                         |  |  |
| Claims:  |   |          |          |        |                         |  |  |
| Miscellaneous-Filing:                            |   |          |          |        |                         |  |  |
| Petition:  |   |          |          |        |                         |  |  |
| Patent-Appeals-and-Interference:                 |   |          |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:                |   |          |          |        |                         |  |  |
| Extension-of-Time:                               |   |          |          |        |                         |  |  |
| Extension - 1 month with \$0 paid                |   | 1251     | 1        | 130    | 130                     |  |  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |
|-----------------------------------|----------|----------|--------|-------------------------|
| Miscellaneous:                    |          |          |        |                         |
| Request for continued examination | 1801     | 1        | 810    | 810                     |
|                                   | Tot      | 940      |        |                         |